

4. Market Classification:

_____ Moderate _____ Economy _____ Budget

5. Distance, (Miles), to Nearest Business District: _____

6. Distance, (Miles), to Nearest State Facility: _____

7. Contract Rates: State of Iowa travelers on official business for the State are limited to a reimbursement of \$50 per day for a single occupancy room, exclusive of taxes. There may be exceptions based on business need as stated in the Department of Administrative Services – State Accounting Enterprise travel policy. Rates quote must be inclusive of all room charges, except sales tax and applicable hotel/motel tax. The State desires that quoted rates not include repeat use incentives such as “stay for ten nights and receive the eleventh night free.”

Single Occupancy Room (Room Occupied by 1 persons) \$ _____

One Bedroom Suite \$ _____

Double Occupancy Room (Room Occupied by 2 persons) \$ _____

Additional Person Charge (3 or more People) \$ _____

8. Availability of Contract Rate Rooms: Please check the percentage of your facility’s total single room inventory that will be available to State of Iowa travelers: (Check only one. If checking “b”, indicate percentage of rooms that will be available at the contract rate.)

a. _____ 100% or “Last Room Availability”

b. _____ Limited to _____% Based on Availability

9. Special Events Restrictions and Fee Policies:

Will Iowa Contract Rates be honored during special events? ☐ Yes ☐ No

Will Iowa Contract Rates be honored during holidays? ☐ Yes ☐ No

Will Iowa Contract Rates be extended for personal travel? ☐ Yes ☐ No

Will a cancellation fee policy be enforced? ☐ Yes ☐ No

Will an “early check-out” fee be enforced? ☐ Yes ☐ No

Will a “late check-out” fee be enforced? ☐ Yes ☐ No

10. Forms of Payments:

Will you accept standard credit cards? ____ Yes ____ No

List any credit cards you DO NOT accept: _____

If you accept cash, is a deposit required ____ Yes ____ No

If you accept checks, is a deposit required ____ Yes ____ No

11. Iowa Traveler Identification: Your facility must accept one of the forms of identification described below as a validation of entitlement to the Iowa Contract rates.

- State of Iowa Identification Card
- State of Iowa MasterCard Procurement Card
- State of Iowa payroll ID (state warrant stub)
- A Letter on State Letterhead signed by an officer of agency identifying the bearer as traveling on official state business

12. Accessibility and Services:

Does your facility meet or exceed the Americans with Disabilities Act (ADA) accessibility guidelines? ____ Yes ____ No ____ Not Sure

Check all Services Available at Your Facility

- | | |
|--|------------------------------|
| ____ Non-Smoking Rooms | ____ Restaurant (Nearby) |
| ____ Complimentary Continental Breakfast | ____ Restaurant (On Site) |
| ____ Complimentary Full Breakfast | ____ Indoor Pool |
| ____ Complimentary Breakfast Buffet | ____ Outdoor Pool |
| ____ Free Parking | ____ Whirlpool |
| ____ Charged Parking | ____ Sauna |
| ____ Valet Parking | ____ Exercise Room (On site) |
| ____ 18-Wheeler Parking | ____ Exercise Room (Nearby) |
| ____ Airport Shuttle | ____ Coffee Maker in Room |
| ____ Complimentary Coffee | ____ Hair Dryer in Room |
| ____ Complimentary Newspaper | ____ Iron & Ironing Board |
| ____ Modem Connection Available | ____ Room Service Available |
| ____ Fax Machine Available | ____ Express Check In/Out |
| ____ Free Local Phone Calls | ____ Copying Service |
| ____ Electronic Room Key | ____ 24 Hour Security |
| ____ Personal Computer/Printer Available | ____ Laundry Room |

13. Contract Extended to Political Subdivisions: The provisions of this contract will be extended to political subdivisions? Political subdivisions are defined to mean county government, city government, school district, or combination thereof. _____ Yes _____ No

14. Contract Terms: I agree to honor contract rates as herein described and the services and amenities checked. I certified that the information listed in this Hotel/Motel/Bed & Breakfast Rate Agreement is accurate and that the rates quoted will be valid July 1, 2006 through December 31, 2007. I understand that failure to honor the quoted rates and policies; submission of inaccurate information, or deficiencies in service levels could result in this contract being cancelled. I understand that the State of Iowa intends, in its sole discretion to contract with a limited number of facilities which, in the State's discretion, offer good value at a competitive rate. Further, submission of this proposal to the State does not guarantee acceptance by the State.

Title _____

Printed Name _____

Signature of General Manager or Owner _____

Date _____

Accepted on behalf of the State by:

Title PURCHASING SUPERVISOR

Printed Name KENNETH PAULSEN

Signature _____

Date _____